Cary School of Gymnastics
Class Withdrawal Form

Date of Submission: _____

Child's Name: _____

Requested Month of Withdrawal: _____
(must abide by the contract outlined below and on the registration form)

Class Withdrawing From (Class Name, Day, & Time):

This form must be submitted to the office for director approval by the 1st of the month to withdraw for the following month. (i.e: Let us know by May 1st if you wish to withdraw for June.) We do not pro-rate last month's tuition. If you submit this past the 1st, you will be billed for the following month's tuition.

Parent Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Reason for Leaving/Comments:

_____

_____

_____

_____

Office use only:

Director Approval:	Future Drop Date:	Entered JR:	Attach to file